

Be 11-14-00
11-16-00

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mp</i>		10/11/00
O.I.P.E. CLASSIFIER		15	5/17/00
FORMALITY REVIEW	<i>TL</i>	902	11/09/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- | | | | |
|------------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

Claim	Final	Original	Date
1	✓	✓	10/11/00
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9	✓	✓	10/11/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet her
(LEFT INSIDE)